

Benefits Collaborative Policy Statement

FAMILY PLANNING SERVICES

Family planning services are services intended to help clients of childbearing age choose if and/or when to become pregnant or to become a parent. Colorado Medicaid covers the family planning services and supplies described below.

Eligible Providers

- Physician
- Osteopath
- Nurse Practitioner
- Certified Nurse-Midwife
- Physician Assistant
- Clinical Nurse Specialist
- Certified Registered Nurse Anesthetist
- Family Planning Clinic and Family Planning Clinic Practitioners
- Public Health Agency
- Non-Physician Practitioner Group
- * All Medicaid clients have free choice of family planning providers and may obtain covered family planning services from any qualified Medicaid provider including those outside of a client's managed care network.

Eligible Places of Service

- Office
- Clinic
- Family Planning Clinic
- Public Health Agency
- Home
- School
- Federally Qualified Health Center
- Rural Health Center
- Hospital
- Ambulatory Surgery Center

Eligible Clients

All Medicaid clients of childbearing age are eligible for family planning services. Sterilization services are only available to Medicaid clients age 21 or older.

Covered Services

Office Visits:

- * Clients are exempt from copayment for family planning office visits
 - A comprehensive, annual family planning visit will be covered once per year, no less than ten months apart

Issue Date: Review Date: Page 1 of 4 • As needed, for follow-up visits, contraceptive counseling, and problem-specific care

Contraception:

- * Clients are exempt from copayment for all contraception
 - Oral contraception (birth control pills) Maximum of three months at one time from a
 pharmacy; Maximum of six months per date of service from a distributing provider's
 office.
 - Contraceptive patch Maximum of three months at one time from a pharmacy; maximum of three months per date of service from a distributing provider's office; and one additional replacement patch may be obtained per month if needed.
 - Contraceptive vaginal ring Maximum of three months at one time from a pharmacy; maximum of three months per date of service from a distributing provider's office; and one replacement ring may be obtained per month if needed.
 - Intrauterine device (IUD) Device, insertion, and removal; and maximum of two devices per five years.
 - Subdermal contraceptive capsules Capsules, insertion, and removal; and maximum of two sets per three years.
 - Diaphragm Device, fitting, and instruction; and maximum of one device per date of service
 - Contraceptive Injection Maximum of one injection per three months
 - Emergency contraception
 - Condoms

Lab Services, Screening, and Testing:

See Women's Health Services policy for routine screening and testing services.

Sterilization:

- Clients are exempt from copayment for all sterilization services
- Clients must be age 21 or older
- Clients must give consent and sign a consent form at least 30 days but no more than 180 days before the date of the procedure, except in the case of premature delivery or emergency abdominal surgery, per federal regulations. An electronic version of the consent form can be found at www.hhs.gov/forms/HHS-687.pdf
- Clients must be mentally competent in order to consent to sterilization. An individual who has been declared mentally incompetent by a federal, state, or local court with competence jurisdiction for any purpose cannot consent to sterilization. The individual can consent if he/she has been declared competent for purposes that include the ability to consent to sterilization.
- Clients with developmental disabilities are protected under <u>CRS 27-10.5-128</u> with respect to sterilization and consent for sterilization.
 - Tubal ligation
 - Tubal occlusion
 - Vasectomy
 - O Post-operative testing to confirm the success of a sterilization procedure

Special Programs

Teen Pregnancy Prevention Program:

• The Teen Pregnancy Prevention Program allows Medicaid to contract individually with providers offering pregnancy prevention programs to Medicaid-eligible at-risk teens. Services can include intensive individual or group counseling; guidance promoting self-sufficiency and the ability to make healthy family planning decisions; home visits; and instruction concerning human sexuality.

Non-Covered Services

- Spermicide;
- Female condoms;
- Sterilization reversal, and
- Infertility treatment, counseling, and testing.*
 - * Testing normally associated with infertility management, such as hysterosalpingography and semen analysis, are covered benefits only when performed post-operatively to confirm the success of a sterilization procedure

Prior Authorization Requirements

Family planning services do not require the submission of prior authorization requests.*

* For contraceptive pharmaceuticals and supplies, if a generic form of the prescribed pharmaceutical or supply exists, then the generic alternative must be dispensed unless prior authorization is obtained for dispensing the brand-name pharmaceutical or supply. (See pharmacy policy for details on how to obtain prior authorization for pharmaceuticals.)

Billing Guidelines

* For complete billing instructions, please consult the <u>Provider Billing Manuals</u>.

Contraception:

- Providers enrolled in Medicaid as a Family Planning Clinic or Non-Physician Practitioner Group may dispense provider-purchased contraception. Providers must bill their usual and customary charge for provider-purchased contraception. Providers will be reimbursed using the Medicaid fee schedule.
- Pharmacies may bill for and dispense up to three months of contraception at one time.

Sterilization:

• Sterilization claims must be submitted on paper and must be accompanied by the client consent form. The consent form must be signed by the client at least 30 days, but no more than 180 days, prior to the procedure. Claims submitted without a completed consent form will be denied.

Teen Pregnancy Prevention Program:

 Providers participating as a Teen Pregnancy Prevention Program provider bill Medicaid according to the guidelines set forth in their Teen Pregnancy Prevention Program provider contract.

Definitions

<u>At-Risk Teen:</u> A person under nineteen years of age who resides in a neighborhood in which there is a preponderance of poverty, unemployment and underemployment, substance abuse, crime, school dropouts, a significant public assistance population, teen pregnancies and teen parents or other conditions that put families at risk.

Legal References

42 CFR 431.51- Freedom of choice regulation

42 CFR 447.53(b)(5)-Client copayment exemption

42 CFR 441.253 -Sterilization regulations

10 CCR 2505-10 § 8.800- Pharmacy regulations

CRS 25.5-5-601- Teen Pregnancy Prevention Program

Medicaid Director Signature

Date